Case:18-05447-EAG13 Doc#:1 Filed:09/20/18 Entered:09/20/18 09:55:36 Desc: Main Document Page 1 of 60

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
DISTRICT OF PUERTO RICO	-	
Case number (if known)	Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	■ Chapter 13	☐ Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1:	Identify Yourself		
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	You	r full name		
	your pictu exar licer	e the name that is on government-issued ure identification (for mple, your driver's use or passport).	JOSE First name MIGUEL Middle name	First name Middle name
	iden	tification to your ting with the trustee.	RODRIGUEZ RODRIGUEZ Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.	use Inclu	other names you have d in the last 8 years ude your married or den names.	JOSE MIGUEL RODRIGUEZ JOSE M RODRIGUEZ RODRIGUEZ JOSE M RODRIGUEZ JOSE RODRIGUEZ RODRIGUEZ JOSE RODRIGUEZ	
3.	you num Indi	y the last 4 digits of r Social Security ober or federal vidual Taxpayer tification number	xxx-xx-3903	

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Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	■ I have not used any business name or EINs. Business name(s) EINs	☐ I have not used any business name or EINs. Business name(s) EINs		
5.	Where you live	BO TIERRA SANTA CARR 149 KM 58.2 VILLALBA, PR 00766 Number, Street, City, State & ZIP Code VILLALBA County If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2 lives at a different address: Number, Street, City, State & ZIP Code County If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.		
6.	Why you are choosing this district to file for bankruptcy	11078 VALLE ESCONDIDO VILLALBA, PR 00766 Number, P.O. Box, Street, City, State & ZIP Code Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Number, P.O. Box, Street, City, State & ZIP Code Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason.		
		Explain. (See 28 U.S.C. § 1408.)	Explain. (See 28 U.S.C. § 1408.)		

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Case number (if known)

Par	t 2: Tell the Court About		aimapio, oa						
7.	The chapter of the Bankruptcy Code you are				n of each, see <i>Notice Required by</i> of page 1 and check the appropriate	11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy e box.			
	choosing to file under	□ c	hapter 7						
		□ с	hapter 11						
		□ с	hapter 12						
		■ C	hapter 13						
8.	How you will pay the fee	•	about how you order. If your a	I will pay the entire fee when I file my petition. Please check with the clerk's office in your loc about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, ca order. If your attorney is submitting your payment on your behalf, your attorney may pay with a a pre-printed address.					
						on, sign and attach the Application for Individuals to Pay			
			I request that	my fee be w		n only if you are filing for Chapter 7. By law, a judge may, ur income is less than 150% of the official poverty line tha			
			applies to you	r family size a	nd you are unable to pay the fee in	n installments). If you choose this option, you must fill out italian from 103B) and file it with your petition.			
9.	Have you filed for bankruptcy within the last 8 years?	■ No	-						
	iast o years:	ш те	es. District		When	Case number			
			District		When	Case number Case number			
			District		When	Case number			
			District		VVIIGII	Case number			
10.	Are any bankruptcy cases pending or being	■ No)						
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Ye	es.						
			Debtor			Relationship to you			
			District		When	Case number, if known			
			Debtor			Relationship to you			
			District		When	Case number, if known			
11.	Do you rent your residence?	■ No	Go to lii	ne 12.					
	residence?	□ Ye	es. Has you	ır landlord obt	ained an eviction judgment against	t you?			
				No. Go to line	12.				
				Yes. Fill out <i>II</i> this bankrupto		Judgment Against You (Form 101A) and file it as part of			

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Debtor 1 JOSE MIGUEL RODRIGUEZ RODRIGUEZ

Document

Case number (if known)

Par	Report About Any Bu	sinesses `	You Own	as a Sole Proprie	tor			
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.				
		☐ Yes.	☐ Yes. Name and location of business					
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name	of business, if any				
	If you have more than one sole proprietorship, use a separate sheet and attach		Numb	er, Street, City, Sta	te & ZIP Code			
	it to this petition.		Check	the appropriate bo	x to describe your business:			
				Health Care Busin	ness (as defined in 11 U.S.C. § 101(27A))			
				Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))			
☐ Stockbroker (as defined in f				Stockbroker (as d	efined in 11 U.S.C. § 101(53A))			
☐ Commodity Broker (as o				Commodity Broke	er (as defined in 11 U.S.C. § 101(6))			
				None of the above	e			
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a <i>small business</i> debtor?	If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).						
	For a definition of small business debtor, see 11 U.S.C. § 101(51D).	■ No.	I am n	ot filing under Chap	oter 11.			
		□ No.	No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Code.					
		☐ Yes.	l am fi	ling under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.			
Par	t 4: Report if You Own or	Have Any	Hazardo	us Property or An	y Property That Needs Immediate Attention			
14.	Do you own or have any	■ No.						
	property that poses or is alleged to pose a threat of imminent and identifiable hazard to	☐ Yes.	What is t	he hazard?				
	public health or safety? Or do you own any property that needs		If immed	iate attention is				
	immediate attention?		needed,	why is it needed?				
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	the property?				
	•				Number, Street, City, State & Zip Code			

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Debtor 1 JOSE MIGUEL RODRIGUEZ RODRIGUEZ

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 □ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Debtor 1 JOSE MIGUEL RODRIGUEZ RODRIGUEZ

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Case number (if known)

Part	6: Answer These Questi	ons for Re	porting Purposes					
16.	What kind of debts do you have?	16a.	Are your debts primarily consumindividual primarily for a personal,	mer debts? Consumer debts are defined family, or household purpose."	in 11 U.S.C. § 101(8) as "incurred by an			
			☐ No. Go to line 16b.					
			■ Yes. Go to line 17.					
			 Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. 					
			□ No. Go to line 16c.					
			☐ Yes. Go to line 17.					
		16c.	State the type of debts you owe th	aat are not consumer debts or business de	ebts			
17.	Are you filing under Chapter 7?	■ No.	I am not filing under Chapter 7. Go	o to line 18.				
	Do you estimate that after any exempt property is excluded and			u estimate that after any exempt property le to distribute to unsecured creditors?	is excluded and administrative expenses			
	administrative expenses are paid that funds will		□ No					
	be available for distribution to unsecured creditors?		□ Yes					
18.	How many Creditors do you estimate that you owe?	■ 1-49 □ 50-99 □ 100-19 □ 200-99		☐ 1,000-5,000 ☐ 5001-10,000 ☐ 10,001-25,000	☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000			
19.	How much do you estimate your assets to be worth?	\$100,0	0,000 1 - \$100,000 01 - \$500,000 01 - \$1 million	□ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion			
20.	How much do you estimate your liabilities to be?	□ \$100,0	0,000 01 - \$100,000 01 - \$500,000 01 - \$1 million	□ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	□ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion □ More than \$50 billion			
Part	7: Sign Below							
For	you	If I have c United States If no attorn document I request r I understate bankrupto and 3571. /s/ JOSE JOSE MI	hosen to file under Chapter 7, I amates Code. I understand the relief amey represents me and I did not pay, I have obtained and read the noticelief in accordance with the chapter and making a false statement, concey case can result in fines up to \$25 MIGUEL RODRIGUEZ RODRIGUEL RODRIGUEZ RODRIGUE	Signature of Debtor 2 Executed on	der Chapter 7, 11,12, or 13 of title 11, e to proceed under Chapter 7. attorney to help me fill out this d in this petition. operty by fraud in connection with a s, or both. 18 U.S.C. §§ 152, 1341, 1519,			
			MM / DD / YYYY	MM / D	D/YYYY			

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Debtor 1 JOSE MIGUEL RODRIGUEZ RODRIGUEZ

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ YASMIN COLON COLON Signature of Attorney for Debtor	Date	September 20, 2018 MM / DD / YYYY
YASMIN COLON COLON 230814 Printed name		
BUFETE EMMANUELLI, C.S.P.		
PO BOX 10779 PONCE, PR 00732		
Number, Street, City, State & ZIP Code		
Contact phone 787-848-0666	Email address	notificaciones@bufete-emmanuelli.c om
230814 PR Bar number & State		<u> </u>

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Debtor 1 JOSE MIGUEL RODRIGUEZ RODRIGUEZ

Case number (if known)

Fill in this infor	mation to identify your	case:		
Debtor 1	JOSE MIGUEL R	ODRIGUEZ RODRIGUE	Z	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	DISTRICT OF PUERTO	RICO	
Case number				
(if known)				

FORM 101. VOLUNTARY PETITION ATTACHMENT

Request for a 30-day temporary waiver of the requirement to file a certificate of completion of credit counseling.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

Explanation of efforts Debtor 1 made to obtain the briefing, why Debtor 1 was unable to obtain it before Debtor 1 filed for bankruptcy, and what exigent circumstances required Debtor 1 to file this case:

On September 28, 2017, the United States Trustee Program announced a temporary waiver of the credit counseling and personal financial management education requirements for individual bankruptcy filers in the District of Puerto Rico and the District of the Virgin Islands, due to the effects of Hurricanes Irma and Maria.

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mation to identify your	case:			
JOSE MIGUEL RO	DDRIGUEZ RODRIGUE	Z		
First Name	Middle Name	Last Name		
First Name	Middle Name	Last Name		
ankruptcy Court for the:	DISTRICT OF PUERTO	RICO		
				Check if this is an amended filing
	JOSE MIGUEL RO First Name	JOSE MIGUEL RODRIGUEZ RODRIGUE First Name Middle Name First Name Middle Name	Tirst Name Middle Name Last Name Middle Name Last Name	Tose Miguel Rodriguez Rodriguez First Name Middle Name Last Name First Name Middle Name Last Name ankruptcy Court for the: DISTRICT OF PUERTO RICO

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

	t 1: Summarize Your Assets		
		Your as Value o	ssets f what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	35,892.58
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	114,282.5
	1c. Copy line 63, Total of all property on Schedule A/B	\$	150,175.13
Pa	t 2: Summarize Your Liabilities		
			abilities t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	41,707.09
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	2,647.71
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	32,263.97
	Your total liabilities	\$	76,618.77
Pa	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	2,052.32
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	1,717.32
Pa	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	r other sch	nedules.
	■ Yes What kind of debt do you have?		

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 JOSE MIGUEL RODRIGUEZ RODRIGUEZ

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

3,146.78

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total cl	laim
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	2,647.71
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	3,818.12
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	6,465.83

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Fill in this infor	mation to identify your			
Debtor 1	JOSE MIGUEL R	ODRIGUEZ RODRIGUEZ		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	DISTRICT OF PUERTO RICO		
Case number			_	Check if this is an

Official Form 106A/B

Schedule A/B: Property

12/15

amended filing

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Allow	is not every question.							
Part	Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In							
1. Do	vou own or have any legal or equitable interest in any residence, building, land, or similar property?							

Yes. Where is the property?

BO TIERRA SANTA

☐ No. Go to Part 2.

VILLALBA

County

PR	00766-0000
State	ZIP Code

What is the property? Check all that apply	1
■ Single-family home	

Duplex or multi-unit building Condominium or cooperative ■ Manufactured or mobile home ■ Land ■ Investment property ☐ Timeshare

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?

Current value of the portion you own?

\$35,892.58

\$35,892.58

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known,

Who has an interest in the property? Check one

☐ Debtor 1 only ☐ Debtor 2 only

☐ Other

☐ Debtor 1 and Debtor 2 only

At least one of the debtors and another

INHERITANCE

Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number:

INHERITANCE PROPERTY **CONCRETE HOUSE** 4 BEDROOM AND 1 BATHROOM **PROPERTY VALUE \$88,100.00** 1/2 DESEASED FATHER PARTICIPATION (WITHOUT WILL) \$44,050.00 / 9 HEIRS = \$4,894.44 1/2 DESEASED MOTHER PARTICIPATION \$44,050.00 (WILL) 1/3 LEGITIMATE = \$14,683.33 / 9 HEIRS = \$1,631.48 1/3 OF IMPROVEMENTS \$14,683.33 1/3 OF FREE DISPOSITION \$14,683.33 **TOTAL INHERITANCE DEBTOR'S FATHER AND MOTHER \$35,892.58**

Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here......>>

\$35,892.58

Part 2: Describe Your Vehicles

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N		trucks, tracto	rs, sport utility ve	nicies, motorcycies		
■ Y	es					
3.1	Make:	TOYOTA		Who has an interest in the property? Check one	the amount of any secur	claims or exemptions. Put red claims on Schedule D:
	Model:	TACOMA		Debtor 1 only	Creditors Who Have Cla	aims Secured by Property.
	Year:	2011	20000	Debtor 2 only	Current value of the	Current value of the
	• •	nate mileage:	38600	☐ Debtor 1 and Debtor 2 only	entire property?	portion you own?
1	Other info	ormation:		At least one of the debtors and another		
				☐ Check if this is community property (see instructions)	\$19,023.00	\$19,023.00
3.2	Make:	ТОҮОТА		Who has an interest in the property? Check one		claims or exemptions. Put red claims on Schedule D:
	Model:	STANDAR	D	■ Debtor 1 only	Creditors Who Have Cla	aims Secured by Property.
	Year:	1986		Debtor 2 only	Current value of the	Current value of the
	Approxim	nate mileage:	UNKNOWN	Debtor 1 and Debtor 2 only	entire property?	portion you own?
	• •	_	Cititatettit	_	chare property:	
ı	Other info	ormation:		☐ At least one of the debtors and another	entine property.	
	Other info THIS P POSSE BROTH	ormation: ROPERTY IS SSION OF E HER. aircraft, moto	S IN DEBTOR'S r homes, ATVs an	_	\$1,400.00 d accessories	
Exa	Other info THIS P POSSE BROTH dercraft, mples: Bo	ROPERTY IS ESSION OF D HER. aircraft, moto coats, trailers, m	S IN DEBTOR'S r homes, ATVs an notors, personal wa	☐ At least one of the debtors and another ☐ Check if this is community property (see instructions) d other recreational vehicles, other vehicles, an	\$1,400.00 d accessories accessories	
Exa.	Other info THIS P POSSE BROTH ercraft, mples: Bo lo es d the do ges you	ROPERTY IS ESSION OF E HER. aircraft, moto oats, trailers, m	S IN DEBTOR'S r homes, ATVs an notors, personal wa	At least one of the debtors and another Check if this is community property (see instructions) d other recreational vehicles, other vehicles, an itercraft, fishing vessels, snowmobiles, motorcycle at the formula of your entries from Part 2, including and that number here	\$1,400.00 d accessories accessories	\$1,400.00
Example 1 No. 1 No	Other info THIS P POSSE BROTH ercraft, mples: Bo lo les d the do ges you Descrit	ROPERTY IS ESSION OF D HER. aircraft, moto oats, trailers, m	F Homes, ATVs an notors, personal was for Part 2. Write at and Household Ite	At least one of the debtors and another Check if this is community property (see instructions) d other recreational vehicles, other vehicles, an itercraft, fishing vessels, snowmobiles, motorcycle at the formula of your entries from Part 2, including and that number here	\$1,400.00 d accessories accessories	\$1,400.00
Exa	Other info THIS P POSSE BROTH ercraft, mples: Bo lo es d the do ges you Describ u own o	ROPERTY IS ESSION OF D HER. aircraft, moto coats, trailers, m llar value of the same attached attached attached are have any leg goods and full	Thomes, ATVs an notors, personal was for Part 2. Write at and Household Ite gal or equitable internishings	At least one of the debtors and another Check if this is community property (see instructions) d other recreational vehicles, other vehicles, an itercraft, fishing vessels, snowmobiles, motorcycle at the formula of your entries from Part 2, including are that number here	\$1,400.00 d accessories accessories	\$1,400.00 \$20,423.00 Current value of the portion you own? Do not deduct secured
Example 1 Add page 1 Add page 2 A	Other info THIS P POSSE BROTH dercraft, mples: Bo lo les d the do ges you Describ u own o	ROPERTY IS ESSION OF D HER. aircraft, moto coats, trailers, m llar value of the same attached attached attached are have any leg goods and full	Thomes, ATVs an notors, personal was for Part 2. Write at and Household Ite gal or equitable internishings	At least one of the debtors and another Check if this is community property (see instructions) d other recreational vehicles, other vehicles, and tercraft, fishing vessels, snowmobiles, motorcycle at the formula of your entries from Part 2, including and that number here	\$1,400.00 d accessories accessories	\$1,400.00 \$20,423.00 Current value of the portion you own? Do not deduct secured
Example 1	Other info THIS P POSSE BROTH Bercraft, mples: Bo des des Descrit u own o	ROPERTY IS ESSION OF E HER. aircraft, moto coats, trailers, m llar value of th have attached be Your Persona ir have any leg goods and fun Major appliance	Thomes, ATVs an notors, personal was for Part 2. Write at and Household Ite gal or equitable internishings	At least one of the debtors and another Check if this is community property (see instructions) d other recreational vehicles, other vehicles, an itercraft, fishing vessels, snowmobiles, motorcycle at the formula of your entries from Part 2, including are that number here	\$1,400.00 d accessories accessories	\$1,400.00 \$20,423.00 Current value of the portion you own? Do not deduct secured
Example 1	Other info THIS P POSSE BROTH Bercraft, mples: Bo des des Descrit u own o	ROPERTY IS ESSION OF D HER. aircraft, moto coats, trailers, m llar value of the same attached attached attached are have any leg goods and full	Thomes, ATVs an notors, personal was for Part 2. Write at and Household Ite gal or equitable internishings	At least one of the debtors and another Check if this is community property (see instructions) d other recreational vehicles, other vehicles, an itercraft, fishing vessels, snowmobiles, motorcycle at the formula of your entries from Part 2, including are that number here	\$1,400.00 d accessories accessories	\$1,400.00 \$20,423.00 Current value of the portion you own? Do not deduct secured
Example 1	Other info THIS P POSSE BROTH Bercraft, mples: Bo des des Descrit u own o	aircraft, moto coats, trailers, m allar value of the state of the sta	r homes, ATVs an notors, personal was for Part 2. Write a land Household Ita gal or equitable internishings es, furniture, linens	At least one of the debtors and another Check if this is community property (see instructions) d other recreational vehicles, other vehicles, an itercraft, fishing vessels, snowmobiles, motorcycle at the formula of your entries from Part 2, including are that number here	\$1,400.00 d accessories accessories ny entries for	\$1,400.00 \$20,423.00 Current value of the portion you own? Do not deduct secured

☐ No

■ Yes. Describe.....

TV \$100, RADIO \$100, LAPTOP \$250 \$450.00

Case:18-05447-EAG13 Doc#:1 Filed:09/20/18 Entered:09/20/18 09:55:36 Desc: Main Page 13 of 60 Case number (if known)

Debtor 1 JOSE MIGUEL RODRIGUEZ RODRIGUEZ

Decument

8.	Collectibles of value Examples: Antiques and figurines; paintings, prints, or oth other collections, memorabilia, collectibles ■ No □ Yes. Describe	ner artwork; books, pictures, or other art objects; stamp, coin	, or baseball card collections;
9.	Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby musical instruments ■ No □ Yes. Describe	by equipment; bicycles, pool tables, golf clubs, skis; canoes	and kayaks; carpentry tools;
10	Firearms Examples: Pistols, rifles, shotguns, ammunition, and rela ■ No □ Yes. Describe	ated equipment	
11	Clothes Examples: Everyday clothes, furs, leather coats, designe □ No ■ Yes. Describe	er wear, shoes, accessories	
	CLOTHING		\$300.00
12	Jewelry Examples: Everyday jewelry, costume jewelry, engagem No Yes. Describe	nent rings, wedding rings, heirloom jewelry, watches, gems, g	gold, silver
13	Non-farm animals Examples: Dogs, cats, birds, horses ■ No □ Yes, Describe		
14	Any other personal and household items you did not ■ No □ Yes. Give specific information	already list, including any health aids you did not list	
15	. Add the dollar value of all of your entries from Part for Part 3. Write that number here		\$3,150.00
Pa	rt 4: Describe Your Financial Assets		
D	o you own or have any legal or equitable interest in any	y of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16	Cash Examples: Money you have in your wallet, in your home ■ No □ Yes	, in a safe deposit box, and on hand when you file your petiti	on
17	Deposits of money Examples: Checking, savings, or other financial account institutions. If you have multiple accounts wit □ No	s; certificates of deposit; shares in credit unions, brokerage h the same institution, list each.	houses, and other similar
	■ Yes	Institution name:	
	17.1. CHECKING	BANCO POPULAR ACCOUNT NUMBER X9364	\$314.88

Official Form 106A/B Schedule A/B: Property page 3 Case:18-05447-EAG13 Doc#:1 Filed:09/20/18 Entered:09/20/18 09:55:36

Page 14 of 60 JOSE MIGUEL RODRIGUEZ RODRIGUEZ Case number (if known) Debtor 1 **SAVINGS AND DIVIDENDS AEELA** \$23,476,64 17.2. 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. $\hfill \square$ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No Yes. List each account separately. Type of account: Institution name: RETIREMENT SISTEMA DE RETIRO \$66,918.03 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No

☐ Yes. Give specific information about them...

 $\hfill \square$ Yes. Give specific information about them...

Money or property owed to you?

Current value of the portion you own? Do not deduct secured claims or exemptions.

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Document Page 15 of 60 JOSE MIGUEL RODRIGUEZ RODRIGUE Debtor 1 Case number (if known) 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No $\hfill \square$ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No ☐ Yes. Name the insurance company of each policy and list its value. Beneficiary: Company name: Surrender or refund value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ■ No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$90,709.55 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47.

Describe All Property You Own or Have an Interest in That You Did Not List Above

Part 7:

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_	Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership			
•	No			
	Yes. Give specific information			
54.	Add the dollar value of all of your entries from Part 7. Write that	t number here		\$0.00
Part	8: List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2			\$35,892.58
56.	Part 2: Total vehicles, line 5	\$20,423.00	_	
57.	Part 3: Total personal and household items, line 15	\$3,150.00		
58.	Part 4: Total financial assets, line 36	\$90,709.55		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54 +	\$0.00		
62.	Total personal property. Add lines 56 through 61	\$114,282.55	Copy personal property total	\$114,282.55
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$150,175.13

Official Form 106A/B Schedule A/B: Property page 6 Case:18-05447-EAG13 Doc#:1 Filed:09/20/18 Entered:09/20/18 09:55:36 Desc: Main Document Page 17 of 60

Fill in this infor				
Debtor 1	JOSE MIGUEL RO			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	DISTRICT OF PUERTO RICO		
Case number _ (if known)				☐ Check if this is an
				amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Pa	Identify the Property You Claim as E	xempt							
1.	Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.								
	☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)								
	■ You are claiming federal exemptions. 11 l	J.S.C. § 522(b)(2)							
2.	For any property you list on Schedule A/B that you claim as exempt, fill in the information below.								
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own			Specific laws that allow exemption				
		Copy the value from Check only one box for each exemption. Schedule A/B							
	BO TIERRA SANTA CARR 149 KM 58.2 VILLALBA, PR 00766 VILLALBA	\$35,892.58		\$23,675.00	11 U.S.C. § 522(d)(1)				
	County INHERITANCE PROPERTY CONCRETE HOUSE 4 BEDROOM AND 1 BATHROOM PROPERTY VALUE \$88,100.00 1/2 DESEASED FATHER PARTICIPATION (WITHOUT WILL) \$44,050.00 / 9 HEIRS = \$4,894.44 1/2 DESEAS Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit					
	2011 TOYOTA TACOMA 38600 miles Line from Schedule A/B: 3.1	\$19,023.00		\$3,775.00	11 U.S.C. § 522(d)(2)				
	Ellie Holli osiloddio 702. GT			100% of fair market value, up to any applicable statutory limit					
	2011 TOYOTA TACOMA 38600 miles Line from Schedule A/B: 3.1	\$19,023.00		\$935.12	11 U.S.C. § 522(d)(5)				
	LINE HOTH SCHEUUIE PAD. G.1			100% of fair market value, up to any applicable statutory limit					

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Debtor 1 JOSE MIGUEL RODRIGUEZ RODRIGUEZ Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B BEDROOM SET \$400, BED \$60, 11 U.S.C. § 522(d)(3) \$2,400.00 \$2,400.00 LIVING ROOM SET \$150, DINNING **ROOM SET \$50, REFRIGERATOR** 100% of fair market value, up to \$100, STOVE \$200, MICROWAVE \$40, any applicable statutory limit **KITCHENWARE SET \$200, WASHER** \$150, DRYER \$150, AIR **CONDITIONER \$400, ELECTRIC GENERATOR \$500** Line from Schedule A/B: 6.1 TV \$100, RADIO \$100, LAPTOP \$250 11 U.S.C. § 522(d)(3) \$450.00 \$450.00 Line from Schedule A/B: 7.1 100% of fair market value, up to any applicable statutory limit **CLOTHING** 11 U.S.C. § 522(d)(3) \$300.00 \$300.00 Line from Schedule A/B: 11.1 100% of fair market value, up to any applicable statutory limit **CHECKING: BANCO POPULAR** 11 U.S.C. § 522(d)(5) \$314.88 \$314.88 **ACCOUNT NUMBER X9364** Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit RETIREMENT 11 U.S.C. § 522(d)(12) \$57,959.44 \$66,918.03 Line from Schedule A/B: 21.1 100% of fair market value, up to any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No Yes

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		Document	Page 19	ot 60		
Fill in this inform	nation to identify you	ır case:				
Debtor 1	IOSE MIGHEL E	RODRIGUEZ RODRIGUEZ				
Deptor	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
Literat Overtee De-		DISTRICT OF BUIERTO BICO				
United States Bar	nkruptcy Court for the:	DISTRICT OF PUERTO RICO				
Case number						
(if known)					☐ Check	if this is an
					ameno	led filing
						o .
Official Form	n 106D					
		Who Have Claims	Sacura	d by Dropert	N/	12/15
Scriedule	D. Creditors	Wild Have Claims	<u> </u>	d by Fropert	у	12/13
		If two married people are filing togethe				
is needed, copy the number (if known).	Additional Page, fill it	out, number the entries, and attach it t	o this form. O	n the top of any addition	nal pages, write your na	me and case
• •	have claims secured by	vuolir proportiv?				
	_					
☐ No. Check	this box and submit the	his form to the court with your other	schedules. Y	ou have nothing else t	o report on this form.	
Yes. Fill in	all of the information I	below.				
Part 1: List Al	I Secured Claims					
		more than one secured claim, list the cred	ditor congratoly	, Column A	Column B	Column C
		s a particular claim, list the other creditors		Amount of claim	Value of collateral	Unsecured
much as possible, lis	st the claims in alphabetic	cal order according to the creditor's name	э.	Do not deduct the	that supports this	portion
ASOCIACI	ION DE			value of collateral.	claim	If any
2 1	OS DE AEELA	Describe the property that secures the	he claim:	\$32,748.50	\$23,476.64	\$9,271.86
Creditor's Name		SAVINGS AND DIVIDENDS				
		(SURRENDER)				
P O BOX 3	364508	As of the date you file, the claim is: (apply.	Check all that			
San Juan,	PR 00936-4508	☐ Contingent				
Number, Street,	City, State & Zip Code	☐ Unliquidated				
		☐ Disputed				
Who owes the de	bt? Check one.	Nature of lien. Check all that apply.				
■ Debtor 1 only		☐ An agreement you made (such as n	nortgage or se	cured		
Debtor 2 only		car loan)				
Debtor 1 and De	ebtor 2 only	☐ Statutory lien (such as tax lien, med	chanic's lien)			
_	ne debtors and another	☐ Judgment lien from a lawsuit	,			
☐ Check if this cla		<u> </u>	PERSONA	L LOAN		
community del		— Other (including a right to onset)				
But the sets	05/04/0040	Lord & Policy of a constraint				
Date debt was incu	urred <u>05/01/2018</u>	Last 4 digits of account numb	er <u>3903</u>			
	DE RETIRO	Describe the property that secures the	he claim:	\$8,958.59	\$66,918.03	\$0.00
Creditor's Name	•	RETIREMENT				
P O BOX 4	12002	As of the date you file, the claim is: (Check all that			
	PR 00940-2003	apply.				
		Contingent				
Number, Street,	City, State & Zip Code	Unliquidated				
Who owes the de	ht? Chack and	☐ Disputed Nature of lien. Check all that apply.				
_	DE: CHECK UNE.					
■ Debtor 1 only		An agreement you made (such as n car loan)	nortgage or se	curea		
Debtor 2 only		,				
Debtor 1 and De	•	☐ Statutory lien (such as tax lien, med	chanic's lien)			
	ne debtors and another	☐ Judgment lien from a lawsuit	DED.			
☐ Check if this cla	aim relates to a	Other (including a right to offset)	PERSONA	L LOAN		

Date debt was incurred 02/05/2015

community debt

Official Form 106D

0957

Last 4 digits of account number

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Debtor 1	JOSE MIGUEL RODRIGUEZ RODRIGUEZ			Case number (if know)	
	First Name	Middle Name	Last Name		
Add the	dollar value of y	our entries in Column A on t	this page. Write that number here:	\$41,707.09	9
	the last page of at number here:	your form, add the dollar va	lue totals from all pages.	\$41,707.09	9

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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Debtor 1 JOSE MIGUEL RODRIGUEZ First Name Midde Name Last Name Debtor 2 Grouse if, Illing First Name Midde Name Last Name United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO Case number (It horower) Case number Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims Ba as complete and accurate as possible, Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONRIORITY claims. List the other party to receditor with a contracts or unexpired leases that could result in a claim. Also list sexecutry contracts or schedule A/B: Property (Official Form 106E) and on the creditor with partially secured claims that are listed in Schedule 6: Executory Contracts and Unexpired Leases (Official Form 106E). Do not include any creditors with partially secured claims that are listed in Schedule 6: Executory Contracts with partially secured claims that are listed in Schedule A/B: Property official Form 106E). Do not include any creditors with partially secured claims that are listed in Schedule B-Continuation Plags to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your unsecured claims. It is a creditor has more than one priority unsecured claims. For each claim. For each claim listed, identify what type of claim is. If a claim has both prority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, its the claims and particular dischance of the dept of claims, set the instructions for this form in the instruction booklet.) Priority Coditor's Name BANKRUPTCY SECTION PO BOX 9024140 Number Street City State 2/P Code Who incurred the debt/ Check one. Debtor 1 and Debtor 2 only Type of PRIORITY unsecured claims: Taxes and cert				D	ocument F	2age	21 of 6	60				
Pirit Name Moddle Name	Fill	in this informa	ation to identify your	case:								
United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO Case number Cithocom	Del	otor 1				Last Name	1					
Case number (# known) Check if this is an amended filing Check if this is an amended filing Check if this is claim is for a community debt is the claim is to offer a community debt is the claim is to for a community debt is the claim is to for a community debt is the claim is top a community debt is the claim is for a community debt is the claim subject to offset? Che			First Name	Middle Name	e l	Last Name	1					
Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts or unexpired leases that could result in a claim. Also list executory contracts or unexpired leases that could result in a claim. Also list executory contracts or unexpired leases that could result in a claim. Also list executory contracts and Unexpired Leases (Official Form 1066, Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the first Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. Pyes. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim. For each claim listed, identify what type of claim is. If a claim has both priority and nonpriority amounts. As much as possible, list the claims in all paths and the priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) DEPARTAMENTO DE HACIENDA Priority Creditor's Name BANKRUPTCY SECTION PO BOX 9024140 San Juan, PR 00902-4140 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debto	Uni	ted States Bank	cruptcy Court for the:	DISTRICT OF	PUERTO RICO							
Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to my executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule Afs. Property (Official Form 106AB) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you put here are in the boxes on the eft. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. Yes. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts. Is that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in aphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Priority Creditor's Name BANKRUPTCY SECTION PO BOX 9024140 San Juan, PR 00902-4140 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Disputed Unliquidated Debtor 2 only Domestic support obligations As of the date you were intoxicated Taxes and certain other debts you were intoxicated Domestic support o												
any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule AfB: Property (Official Form 106A/B) and on Schedule 61: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the feel. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 13 List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2.	Sc	hedule E/I	F: Creditors W									
1. Do any creditors have priority unsecured claims against you? No. Go to Part 2.	any o Sche Sche left.	executory contra edule G: Executo edule D: Creditor Attach the Contil	cts or unexpired leases ry Contracts and Unexp s Who Have Claims Sec nuation Page to this pag	that could result i ired Leases (Offic ured by Property.	in a claim. Also list ial Form 106G). Do r If more space is nee	executo not inclu eded, co	ry contract de any cre py the Part	s on Schedule A/B: I ditors with partially s you need, fill it out,	Property (Off secured clain number the o	icial Forn ns that ar entries in	n 106A/B) and re listed in the boxes or	d on n the
No. Go to Part 2. Yes.	Par	t 1: List All	of Your PRIORITY Un	secured Claims	i							
■ Yes. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) DEPARTAMENTO DE HACIENDA Last 4 digits of account number 3903 \$1,574.71 \$1,534.54 \$40.17 Priority Creditor's Name BANKRUPTCY SECTION P O BOX 9024140 San Juan, PR 00902-4140 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Deftire Taxes and certain other debts you owe the government Is the creditor's paper and show both priority and nonpriority amounts. Is the claim is to reach claim. Show by which are and show both priority and nonpriority amounts. Is the creditor's name. If you have more than two priority and nonpriority amounts. If you have more than two priority amounts. It was a feature and you have more than two priority amounts	1.	Do any creditors	s have priority unsecured	d claims against y	ou?							
2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) DEPARTAMENTO DE HACIENDA Priority Creditor's Name BANKRUPTCY SECTION P O BOX 9024140 San Juan, PR 00902-4140 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Type of PRIORITY unsecured claim: Domestic support obligations At least one of the debtors and another Debtor I state claim is for a community debt Is the claim subject to offset? No Other. Specify		☐ No. Go to Par	t 2.									
identify what type of claim it is. If a claim has both priority and nonpriority amounts. Iist that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Total claim		Yes.										
2.1 DEPARTAMENTO DE HACIENDA Priority Creditor's Name BANKRUPTCY SECTION P O BOX 9024140 San Juan, PR 00902-4140 Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Debtor 1 and Debtor 2 only Check if this claim is for a community debt is the claim subject to offset? No Depart AMENTO DE HACIENDA Last 4 digits of account number 3903 \$1,574.71 \$1,534.54 \$40.17 Priority Creditor's Name BANKRUPTCY SECTION P O BOX 9024140 San Juan, PR 00902-4140 As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Is the claim subject to offset? No Other. Specify	2.	identify what type possible, list the o	of claim it is. If a claim ha claims in alphabetical orde	as both priority and er according to the	nonpriority amounts, creditor's name. If you	list that c u have m	laim here a	nd show both priority a	and nonpriority	y amounts	s. As much as	
Priority Creditor's Name BANKRUPTCY SECTION P O BOX 9024140 San Juan, PR 00902-4140 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtors and another At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No When was the debt incurred? 2016 When was the debt incurred? 2016 As of the date you file, the claim is: Check all that apply Unliquidated Unliquidated Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify			•				booklet.)	Total claim				
BANKRUPTCY SECTION P O BOX 9024140 San Juan, PR 00902-4140 Number Street City State Zlp Code Who incurred the debt? Check one. Contingent Cont	2.1			ENDA Last	4 digits of account i	number	3903	\$1,574.71		534.54		10.17
Number Street City State ZIp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Deck if this claim is for a community debt Is the claim subject to offset? No As of the date you file, the claim is: Check all that apply Contingent Dent is: Check all that apply As of the date you file, the claim is: Check all that apply Contingent Dent is: Check all that apply As of the date you file, the claim is: Check all that apply Contingent Dent is: Check all that apply As of the date you file, the claim is: Check all that apply Contingent Dent is: Check all that apply As of the date you file, the claim is: Check all that apply Contingent Type of PRIORITY unsecured claim: Demestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify		BANKRU P O BOX	PTCY SECTION 9024140	When	n was the debt incur	rred?	2016		-			
Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Contingent □ Unliquidated □ Disputed □ Disputed □ Demostic support obligations □ Domestic support obligations □ Taxes and certain other debts you owe the government □ Claims for death or personal injury while you were intoxicated □ Other. Specify □ Other. Specify				As of	f the date you file th	ne claim	ie: Chack a	all that apply				
□ Debtor 1 only □ Unliquidated □ Debtor 2 only □ Disputed □ Debtor 1 and Debtor 2 only □ Type of PRIORITY unsecured claim: □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ Claims for death or personal injury while you were intoxicated □ Other. Specify □ O			, ,	_		ie ciaiiii	is. Officer a	ш шасарыу				
□ Debtor 2 only □ Disputed □ Debtor 1 and Debtor 2 only Type of PRIORITY unsecured claim: □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ Claims for death or personal injury while you were intoxicated □ No □ Other. Specify □ Other. Speci		■ Debtor 1 onl	у	_	9							
□ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Other. Specify □ Other. Specify		Debtor 2 onl	V	_	•							
□ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Other. Specify			•		•	cured cla	im:					
☐ Check if this claim is for a community debt Is the claim subject to offset? No □ Other. Specify		_		П-								
Is the claim subject to offset? ☐ Claims for death or personal injury while you were intoxicated ☐ Other. Specify					axes and certain othe	er dehts v	ou owe the	government				
■ No □ Other. Specify						-		-				
			-		•	,						
		Yes		_ 5		ES						

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Debt	or 1 JOSE MIGUEL RODRIGUEZ RODE	RIGUEZ	Case n	umber (if know)		
2.2	DEPARTAMENTO DE HACIENDA	Last 4 digits of account number	3903	\$1,073.00	\$1,073.00	\$0.00
	Priority Creditor's Name BANKRUPTCY SECTION P O BOX 9024140	When was the debt incurred?	2017			
	San Juan, PR 00902-4140 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all	that apply		
	Who incurred the debt? Check one.	☐ Contingent				
	■ Debtor 1 only	☐ Unliquidated				
	Debtor 2 only	☐ Disputed				
	☐ Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured cla	im:			
	☐ At least one of the debtors and another	☐ Domestic support obligations				
	☐ Check if this claim is for a community debt Is the claim subject to offset?	■ Taxes and certain other debts y □ Claims for death or personal inj	-			
	No	Other. Specify				
	Yes	TAXES				
Part	2: List All of Your NONPRIORITY Unsecu	red Claims				
4. L u tl	Yes. ist all of your nonpriority unsecured claims in the insecured claim, list the creditor separately for each chan one creditor holds a particular claim, list the other eart 2.	aim. For each claim listed, identify wh	at type of cla	im it is. Do not list claim	s already included in F	Part 1. If more tion Page of
	A COCIA CIONI DE EMPI EA DOC DE				Total C	iaiiii
4.1	ASOCIACION DE EMPLEADOS DE AEELA	Last 4 digits of account numb	er 9324			\$3,103.32
	Nonpriority Creditor's Name P O BOX 364508 San Juan, PR 00936-4508	When was the debt incurred?	04/23	/2015		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the cla	m is: Check	all that apply		
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecu	red claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a s report as priority claims	eparation ag	reement or divorce that y	ou did not	
	No	Debts to pension or profit-sh	aring plans a	and other similar debts		
	■ No □ Yes	Other. Specify CREDIT		and said samua desid		
	. •••	- Other. Specify	- · -			

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Debtor 1 JOSE MIGUEL RODRIGUEZ RODRIGUEZ

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Case number (if know)

Nonpriority Creditor's Name PO BOX 15316 WILMINGTON, DE 19850-5316 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only When was the debt incurred the debt incurred the debt of the date you file, the contingent	ed? 01/18/2017 claim is: Check all that apply
Number Street City State Zlp Code Who incurred the debt? Check one.	claim is: Check all that apply
_	
■ Debtor 1 only	
☐ Debtor 2 only ☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only ☐ Disputed	
☐ At least one of the debtors and another Type of NONPRIORITY un	secured claim:
☐ Check if this claim is for a community debt ☐ Chligations arising out of	f a separation agreement or divorce that you did not
Is the claim subject to offset? report as priority claims	r a separation agreement of divorce that you did not
<u></u>	t-sharing plans, and other similar debts
☐ Yes ☐ Other. Specify ☐ CREI	
4.3 ISLAND FINANCE Last 4 digits of account n	umber 9061 \$3,274.01
Nonpriority Creditor's Name	<u> </u>
P O BOX 362589 When was the debt incurr	ed? 07/08/2015
San Juan, PR 00936-2589 Number Street City State Zlp Code As of the date you file, the	plains in Oh all all that and h
Who incurred the debt? Check one.	claim is: Check all that apply
■ Debtor 1 only	
☐ Debtor 2 only ☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only ☐ Disputed	
☐ At least one of the debtors and another Type of NONPRIORITY un	secured claim:
☐ Check if this claim is for a community ☐ Student loans	
	f a separation agreement or divorce that you did not
	t-sharing plans, and other similar debts
	ONAL LOAN
MONEY EVENERO	0004
4.4 MONEY EXPRESS Last 4 digits of account n	mber <u>0221</u> \$4,308.27
P O BOX 11890 When was the debt incurr San Juan, PR 00922-1890	ed? 03/30/2018
	claim is: Check all that apply
■ Debtor 1 only	
□ Debtor 2 only □ Unliquidated	
☐ Debtor 1 and Debtor 2 only ☐ Disputed	
☐ At least one of the debtors and another Type of NONPRIORITY un	secured claim:
☐ Check if this claim is for a community ☐ Student loans	
Check if this claim is for a community	f a separation agreement or divorce that you did not
Is the claim subject to offset? report as priority claims	,
■ No □ Debts to pension or prof	t-sharing plans, and other similar debts
☐ Yes ☐ Other. Specify PERS	ONAL LOAN

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Debto	or 1 JOSE MIGUEL RODRIGU	Document EZ RODRIGUEZ	Page 24 of 60 Case number (if know)	
4.5	NEI NET	Last 4 digits of acc	count number 2156	\$3 818

4.5	NELNET	Last 4 digits of account number 2156	\$3,818.12
	Nonpriority Creditor's Name P O BOX 2877 OMAHA, NE 68103-2877	When was the debt incurred? 02/15/2005	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	☐ Other. Specify	
		STUDENT LOAN	
1			
4.6	PR TELEPHONE CO Nonpriority Creditor's Name	Last 4 digits of account number 0482	\$1.00
	PO BOX 70367 San Juan, PR 00936-8367	When was the debt incurred? 09/05/2009	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	Contingent	
	Debtor 2 only	□ Unliquidated	
	Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify UTILITY BILL	
4.7	SAM'S CLUB MC/SYNCB	Last 4 digits of account number 0338	\$4,711.63
	Nonpriority Creditor's Name P O BOX 960013	40/00/0045	
	Orlando, FL 32896-0013	When was the debt incurred? 12/02/2015	
	Number Street City State ZIp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify CREDIT CARD	

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SEARS CREDIT CARDS	Last 4 digits of account number	4957	\$6,2
Nonpriority Creditor's Name PO BOX 9001055	When was the debt incurred?	09/01/2009	
LOUISVILLE, KY 40290-1055 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
Yes	Other. Specify CREDIT CA	RD	
SYNCHRONY BANK / BERRIOS	Last 4 digits of account number	4462	\$1,5
Nonpriority Creditor's Name PO BOX 960061	When was the debt incurred?	01/24/2016	
Orlando, FL 32896-0061 Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that annly	
Who incurred the debt? Check one.	, to or the date you me, the claim.	o. Oncok all that apply	
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt		ration agreement or divorce that you did not	
Is the claim subject to offset? ■ No	report as priority claims Debts to pension or profit-sharin	a plane, and other similar debts	
Yes	Other. Specify CREDIT CA		
SYNCHRONY BANK/JCP	Last 4 digits of account number	7141	\$3,2
Nonpriority Creditor's Name P O BOX 960090 Orlando, FL 32896-0090	When was the debt incurred?	06/21/2011	
Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

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Debtor 1 JOSE MIGUEL RODRIGUEZ RODRIGUEZ

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
Tatal	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 2,647.71
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 2,647.71
				Total Claim
	6f.	Student loans	6f.	\$ 3,818.12
Total claims				
rom Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 28,445.85
	6i.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 32,263.97

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Fill in this infor	mation to identify your	case:		
Debtor 1	JOSE MIGUEL RO	ODRIGUEZ RODRIGUE	Z	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	DISTRICT OF PUERTO	RICO	
Case number				
(if known)				☐ Check if this is an
				amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - □ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

P	erson or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for	
2.1	LIBERTY CABLEVISION PO BOX 71496 San Juan, PR 00936-8596	CABLE TV SERVICES	
2.2	T MOBILE P O BOX 660252 Dallas, TX 75266-0252	CELL PHONE SERVICES	

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		Docume	ent Page 28 o	<u> 1 60 </u>	
Fill in thi	s information to identify your	case:			
Debtor 1	IOSE MIGUEL R	ODRIGUEZ RODRIGUE	7		
Debtor 1	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, f	iling) First Name	Middle Name	Last Name		
United St	ates Bankruptcy Court for the:	DISTRICT OF PUERTO	RICO		
Case nur	nhor				
(if known)				☐ Check if this	s is an
				amended fili	
	. =				
Officia	al Form 106H				
Sche	dule H: Your Cod	lebtors			12/15
fill it out, your nam		e boxes on the left. Attach). Answer every question	the Additional Page t	ion. If more space is needed, copy the Addit o this page. On the top of any Additional Pages a codebtor.	
1. DC	you have any codeptors? (II	you are filing a joint case, o	do not list either spouse	as a codebtor.	
■ No					
2. Wi	thin the last 8 years, have yo	u lived in a community pr	operty state or territor	y? (Community property states and territories in	nclude
	na, California, Idaho, Louisiana				
	o. Go to line 3.	uuaa ar lagal aguiyalant liya	with you at the time?		
□ 16	es. Did your spouse, former spo	ouse, or legal equivalent live	with you at the time?		
in lin Form	e 2 again as a codebtor only	if that person is a guaran	tor or cosigner. Make	if your spouse is filing with you. List the pe sure you have listed the creditor on Schedul 6G). Use Schedule D, Schedule E/F, or Sche	le D (Official
	Column 1: Your codebtor			Column 2: The creditor to whom you ow	e the debt
	Name, Number, Street, City, State and 2	ZIP Code		Check all schedules that apply:	
3.1				☐ Schedule D, line	
[01.]	Name			☐ Schedule E/F, line	
				☐ Schedule G, line	
	Number Street			_	
	City	State	ZIP Code		
3.2				☐ Schedule D, line	
5.2	Name			☐ Schedule E/F, line	
				☐ Schedule C, line	
	Number Street			_	
	Number Street City	State	ZIP Code		

Fill	in this information to ider	ntify your ca	ise:				I			
		, ,	EL RODRIGUEZ ROD	RIGUEZ						
	otor 2 ouse, if filing)					_				
Uni	ted States Bankruptcy Co	ourt for the:	DISTRICT OF PUERT	O RICO		_				
	se number						Check if this is: An amende A supplement	nt showin	g postpetition	
O.	fficial Form 10	61					MM / DD/ Y		ollowing date.	
	chedule I: You		ome				IVIIVI / DD/ T	111		12/15
sup spo atta	plying correct informati use. If you are separate	ion. If you ed and you this form. (ible. If two married peo are married and not filir r spouse is not filing wi On the top of any addition	ng jointly, and your th you, do not inclu	spouse i de inforr	s liv natio	ing with you, incluon about your spo	ide inforn use. If mo	nation about ore space is	your needed,
1.	Fill in your employme information.	ent		Debtor 1			Debtor 2	or non-fi	ling spouse	
	If you have more than of attach a separate page information about addit	with	Employment status	■ Employed □ Not employed				☐ Employed ☐ Not employed		
	employers.	nployers.		TEACHER						
	Include part-time, seas self-employed work.	onal, or	Employer's name	DEPARTAMEN EDUCACION	TO DE					
	Occupation may includ or homemaker, if it app		Employer's address	BOX 190759 San Juan, PR 0	0919					
			How long employed th	nere? 20 YEA	RS					
Par	Give Details	About Mon	thly Income							
	mate monthly income a use unless you are separ		ate you file this form. If y	you have nothing to r	eport for	any	line, write \$0 in the	space. Inc	clude your nor	n-filing
	u or your non-filing spous e space, attach a separa		re than one employer, co	embine the informatio	n for all e	mplo	oyers for that perso	n on the li	nes below. If y	you need
							For Debtor 1		btor 2 or ng spouse	
2.			ry, and commissions (becalculate what the monthly		2.	\$	3,140.00	\$	N/A	
3.	Estimate and list mon	thly overti	me pay.		3.	+\$	0.00	+\$	N/A	
4.	Calculate gross Incor	ne. Add lin	e 2 + line 3.		4.	\$	3,140.00	\$	N/A	

Official Form 106I Schedule I: Your Income page 1

Deb	tor 1	JOSE MIGUEL RODRIGUEZ RODRIGUEZ	-	(Case	number (if known)	_				
					For	Debtor 1			ebtor 2		
	Cop	y line 4 here	4.		\$	3,140.00	_	\$		N/A	
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	5a	a.	\$	196.29		\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b		<u>*</u> -	282.61	_	\$		N/A	
	5c.	Voluntary contributions for retirement plans	50		\$	0.00	_	\$		N/A	
	5d.	Required repayments of retirement fund loans	50		\$_	427.78	_	\$		N/A	
	5e.	Insurance	5e	€.	\$	0.00	_	\$		N/A	
	5f.	Domestic support obligations	5f.		\$	0.00	_	\$		N/A	
	5g.	Union dues	5g	j .	\$_	17.00		\$		N/A	
	5h.	Other deductions. Specify: MEDICAL PLAN	5h	า.+	\$	89.40	+	\$		N/A	
		AEELA SAVINGS PLAN			\$	94.21		\$		N/A	
		TRANS OCEANIC LIFE			\$	29.66		\$		N/A	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	1,136.95		\$		N/A	
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	2,003.05		\$		N/A	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total			•			•			
	٥L	monthly net income.	88		\$_ \$	0.00	_	\$		N/A	
	8b. 8c.	Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8b		\$_ \$	0.00	_	\$ \$		N/A N/A	
	8d.	Unemployment compensation	80		<u>\$</u> —	0.00	_	\$		N/A	
	8e.	Social Security	86		\$_	0.00	_	\$		N/A	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.		\$	0.00	_	\$		N/A	
	8g.	Pension or retirement income	_ 8g		\$ -	0.00	_	\$	-	N/A	
	8h.	Other monthly income. Specify: CHRISTMAS BONUS			<u> </u>	49.27		*		N/A	
0			_	Г			7				1
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	9		49.27	\exists	\$		N/A	
10.	Cald	culate monthly income. Add line 7 + line 9.	10.	\$		2,052.32 +	3		N/A =	= \$	2,052.32
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		· –		_,002.02					_,000_
11.	Inclu othe	the all other regular contributions to the expenses that you list in Schedule adde contributions from an unmarried partner, members of your household, your per friends or relatives. The include any amounts already included in lines 2-10 or amounts that are not accify:	depe		•	•	,		hedule . 11.		0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailies							12.	\$	2,052.32 ed
13.		you expect an increase or decrease within the year after you file this form No.	?								income
		Yes. Explain:									

Official Form 106I Schedule I: Your Income page 2

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	to this toforce the total and forces						
FIII	in this information to identify your case:						
Deb	JOSE MIGUEL RODRIGUEZ RODRIGUEZ		_		this is:		
Deb	otor 2				amended filing upplement show	ving postpetition chapter	
(Spo	ouse, if filing)			13 6	expenses as of t	the following date:	
Unit	ted States Bankruptcy Court for the: DISTRICT OF PUERTO RICO			MM	/ DD / YYYY		
Cas	se number						
(If kı	known)						
Of	fficial Form 106J						
So	chedule J: Your Expenses					12/1	5
Be info	as complete and accurate as possible. If two married people are filing to ormation. If more space is needed, attach another sheet to this form. On t mber (if known). Answer every question.						_
Par	rt 1: Describe Your Household						
1.	Is this a joint case?						
	No. Go to line 2.						
	Yes. Does Debtor 2 live in a separate household?						
	☐ No☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Expenses for Separa</i>	ate House	hold of De	ebtor 2	2.		
2.	Do you have dependents? ■ No						
		lent's relati 1 or Debtor			Dependent's age	Does dependent live with you?	
	Do not state the					□ No	
	dependents names.					☐ Yes	
						□ No	
						☐ Yes ☐ No	
						☐ Yes	
						□ No	
						☐ Yes	
3.	Do your expenses include expenses of people other than yourself and your dependents?						
	rt 2: Estimate Your Ongoing Monthly Expenses						
exp	timate your expenses as of your bankruptcy filing date unless you are us penses as of a date after the bankruptcy is filed. If this is a supplemental plicable date.						
	clude expenses paid for with non-cash government assistance if you know						
	e value of such assistance and have included it on <i>Schedule I: Your Incon</i> fficial Form 106I.)	me			Your expe	enses	
			_				
4.	The rental or home ownership expenses for your residence. Include first payments and any rent for the ground or lot.	t mortgage	4.	\$_		0.00	
	If not included in line 4:						
	4a. Real estate taxes		4a.	\$		0.00	
	4b. Property, homeowner's, or renter's insurance		4b.	\$		0.00	
	4c. Home maintenance, repair, and upkeep expenses		4c.	· · ·		100.00	
F	4d. Homeowner's association or condominium dues	loors	4d.			0.00	
5.	Additional mortgage payments for your residence, such as home equity	ioans	5.	Φ_		0.00	

Deb	otor 1	OSE MIGUEL RODRIGUEZ RODRIGUEZ	Case num	ber (if known)	
6.	Utilities	:			
	6a. El	ectricity, heat, natural gas	6a.	\$	136.69
	6b. W	ater, sewer, garbage collection	6b.	\$	38.12
	6c. Te	elephone, cell phone, Internet, satellite, and cable services	6c.	\$	142.51
	6d. O	ther. Specify: COOKING GAS	6d.	\$	20.00
7.		nd housekeeping supplies		\$	350.00
8.		re and children's education costs	8.	·	0.00
9.		g, laundry, and dry cleaning	9.		40.00
		al care products and services	10.	·	100.00
11.		and dental expenses	11.		250.00
		ortation. Include gas, maintenance, bus or train fare.		Ψ	250.00
12.		nclude car payments.	12.	\$	300.00
13.		nment, clubs, recreation, newspapers, magazines, and books	13.	\$	80.00
		ole contributions and religious donations	14.	\$	0.00
	Insuran	<u> </u>		<u> </u>	<u> </u>
		nclude insurance deducted from your pay or included in lines 4 or 20.			
		fe insurance	15a.	\$	0.00
	15b. H	ealth insurance	15b.	\$	0.00
	15c. Ve	ehicle insurance	15c.	\$	0.00
		ther insurance. Specify:	15d.		0.00
16		Do not include taxes deducted from your pay or included in lines 4 or 20.			0.00
	Specify:		16.	\$	0.00
17.		ent or lease payments: ar payments for Vehicle 1	17a.	¢	0.00
				· -	
		ar payments for Vehicle 2	17b.	·	0.00
		ther. Specify:	17c.	· ·	0.00
		ther. Specify:	17d.	\$	0.00
18.		yments of alimony, maintenance, and support that you did not report as d from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
19		ayments you make to support others who do not live with you.		\$	0.00
	Specify:		19.		0.00
20.		eal property expenses not included in lines 4 or 5 of this form or on Scho		our Income	
_0.		ortgages on other property	20a.		0.00
		eal estate taxes	20b.		0.00
		operty, homeowner's, or renter's insurance	20c.	·	0.00
		aintenance, repair, and upkeep expenses	20d.		0.00
		omeowner's association or condominium dues	20a. 20e.	· ·	0.00
24				φ +\$	
21.	Other: S	Specify: LUNCHES		+\$	160.00
22.	Calcula	te your monthly expenses			
	22a. Add	d lines 4 through 21.		\$	1,717.32
	22b. Co	by line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
	22c Add	l line 22a and 22b. The result is your monthly expenses.		s —	1,717.32
	LLO. / to	Time 22a and 22b. The result is your monthly expenses.			1,717.02
23.		te your monthly net income.			<u>——</u>
	23a. C	ppy line 12 (your combined monthly income) from Schedule I.	23a.	\$	2,052.32
	23b. C	opy your monthly expenses from line 22c above.	23b.	-\$	1,717.32
		ubtract your monthly expenses from your monthly income.	00 -		225.00
	Tł	ne result is your monthly net income.	23c.	\$	335.00
24.	For exam modificati	expect an increase or decrease in your expenses within the year after you ple, do you expect to finish paying for your car loan within the year or do you expect you on to the terms of your mortgage?			e or decrease because of a
	No.	<u> </u>			
	☐ Yes.	Explain here:			

Fill in this i	nformation to identify your				
			-		
Debtor 1	JOSE MIGUEL RO	DDRIGUEZ RODRIGUE Middle Name	Last Name		
Debtor 2					
(Spouse if, filing	First Name	Middle Name	Last Name		
United State	es Bankruptcy Court for the:	DISTRICT OF PUERTO	RICO		
Case number	er				
(if known)					Check if this is an amended filing
	Form 106Dec ration About a	n Individual	Debtor's Se	chedules	12/15
obtaining m		n connection with a bank			ement, concealing property, or 0, or imprisonment for up to 20
Did yo ■ N	u pay or agree to pay some	one who is NOT an attor	ney to help you fill out	bankruptcy forms?	
□ Y	es. Name of person				cruptcy Petition Preparer's Notice, and Signature (Official Form 119)
	penalty of perjury, I declare by are true and correct.	that I have read the sum	mary and schedules fil	ed with this declaratio	on and
X /s/	JOSE MIGUEL RODRIG	JFZ RODRIGUEZ	Х		
JO	SE MIGUEL RODRIGUE nature of Debtor 1		Signature o	of Debtor 2	
Dat	te September 20, 2018		Date		

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Fill i	n this inform	ation to identify your	case:						
Debtor 1		JOSE MIGUEL R							
	_	First Name	Middle Name	Last Name					
Debt (Spou	or 2 se if, filing)	First Name	Middle Name	Last Name					
Unite	ed States Ban	kruptcy Court for the:	DISTRICT OF PUERTO F	RICO					
Case	e number								
(if kno					_	Check if this is an mended filing			
					a	mended ming			
Off	icial For	m 107							
Sta	tement	of Financial	Affairs for Individ	duals Filing for B	ankruptcy	4/16			
infori	nation. If mo	ore space is needed,	attach a separate sheet to		equally responsible for sup σ additional pages, write you				
Part	<u> </u>). Answer every ques	stion. rital Status and Where You	Lived Refore					
		current marital statu		Liveu Belore					
	_								
ļ	■ Married■ Not marr	ied							
2. I	During the last 3 years, have you lived anywhere other than where you live now?								
I	■ No								
l	Yes. List all of the places you lived in the last 3 years. Do not include where you live now.								
	Debtor 1 Pri	or Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there			
					ity property state or territory				
	_	,			oo, roxao, rraog.o ana r	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	■ No □ Yes. Mal	ke sure vou fill out <i>Sch</i>	nedule H: Your Codebtors (Of	ficial Form 106H)					
		Re sure you iii out our	icadic II. Todi Codebiois (Ci	nciai i cimi roci i).					
Part	2 Explair	the Sources of You	r Income						
ı	Fill in the total	amount of income you	nployment or from operating ureceived from all jobs and a have income that you receive	all businesses, including part-		ndar years?			
	□ No								
, I		in the details.							
			D 14 4		D.1.				
			Debtor 1 Sources of income	Gross income	Debtor 2 Sources of income	Gross income			
			Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)			
		of current year until I for bankruptcy:	■ Wages, commissions, bonuses, tips	\$24,317.02	☐ Wages, commissions, bonuses, tips				
			☐ Operating a business		☐ Operating a business				

Official Form 107

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				Debtor 1		Debtor 2			
				Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Check all that apply. (be		Gross income (before deductions and exclusions)	
				■ Wages, commissions, bonuses, tips	\$2,035.53	☐ Wages, common bonuses, tips	nissions,		
				☐ Operating a business		☐ Operating a b	usiness		
(lanuary 1 to December 31 201/)		■ Wages, commissions, bonuses, tips	\$43,909.00	☐ Wages, common bonuses, tips	nissions,				
				☐ Operating a business		Operating a b	usiness		
		dar year be December		■ Wages, commissions, bonuses, tips	\$45,496.00	☐ Wages, comm bonuses, tips	nissions,		
				☐ Operating a business		☐ Operating a b	usiness		
 5. Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Secular and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gaveninings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details. 									
				Debtor 1		Debtor 2			
				Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of inco Describe below.	me	Gross income (before deductions and exclusions)	
Par	rt 3: List	Certain Pa	yments You I	Made Before You Filed for E	Bankruptcy				
6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? □ No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred individual primarily for a personal, family, or household purpose." □ During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? □ No. Go to line 7. □ Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amoun paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Al								ne total amount you	
		* Subject t	not include p	payments to an attorney for the on 4/01/19 and every 3 years	nis bankruptcy case.		• • •	•	
	Yes.		1 or Debtor 2 or both have primarily consumer debts. the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?						
		□ No.	Go to line 7.						
		■ Yes	include payn	ach creditor to whom you paid nents for domestic support ob his bankruptcy case.					
	Creditor'	s Name and	d Address	Dates of payment	nt Total amount paid	Amount you still owe	Was this p	payment for	

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	Creditor's Name and Address	Dates of payment Total amo		Amount you still owe					
	COOPERATIVA A/C SAN BLAS P O BOX 319 Coamo, PR 00769	05/14/2018	\$1,329.16	\$0.00	☐ Mortgage ■ Car ☐ Credit Ca ☐ Loan Rep ☐ Suppliers ☐ Other	ord Dayment			
7.	Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.								
	No☐ Yes. List all payments to an insider.								
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment			
8.	Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. No Yes. List all payments to an insider								
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment			
Pai	tt 4: Identify Legal Actions, Repossession	ns, and Foreclosures							
9.	Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No Yes, Fill in the details.								
	Case title Case number	Nature of the case	Court or agency		Status of th	e case			
10.	Within 1 year before you filed for bankrupt Check all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below.		erty repossessed, f	oreclosed, garnis	shed, attached	I, seized, or levied?			
	Creditor Name and Address	Describe the Property		Date		Value of the property			
		Explain what happened	d			property			
11.	Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details.								
	Creditor Name and Address	Describe the action the	e creditor took	Date taker	action was า	Amount			
12.	Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a ■ No □ Yes		erty in the possess	ion of an assigne	e for the bene	efit of creditors, a			

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Debtor 1 Jose MIGUEL RODRIGUEZ RODRIGUEZ

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Par	t 5: List Certain Gifts and Contributions	.			
13.	Within 2 years before you filed for bankru ■ No □ Yes. Fill in the details for each gift.	ptcy, c	did you give any gifts with a total value of more tl	nan \$600 per person	?
	Gifts with a total value of more than \$600 per person)	Describe the gifts	Dates you gave the gifts	Value
	Person to Whom You Gave the Gift and Address:				
14.	Within 2 years before you filed for bankru ■ No □ Yes. Fill in the details for each gift or co		did you give any gifts or contributions with a tota	I value of more than	\$600 to any charity?
	Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	otal	Describe what you contributed	Dates you contributed	Value
Par	t 6: List Certain Losses				
15.	Within 1 year before you filed for bankrup or gambling?	tcy or	since you filed for bankruptcy, did you lose anyt	hing because of the	it, fire, other disaster,
	☐ Yes. Fill in the details.				
	how the loss occurred	Include	the any insurance coverage for the loss the amount that insurance has paid. List pending the claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
Par	t 7: List Certain Payments or Transfers				
	Within 1 year before you filed for bankrup consulted about seeking bankruptcy or p	reparii	id you or anyone else acting on your behalf pay on ga bankruptcy petition? s, or credit counseling agencies for services required		rty to anyone you
	□ No				
	Yes. Fill in the details.				
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Yo	ou	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	BUFETE EMMANUELLI, C.S.P. PO BOX 10779 PONCE, PR 00732 notificaciones@bufete-emmanuelli.c m	co	Attorney Fees	05/18/2018	\$200.00
17.	Within 1 year before you filed for bankrup promised to help you deal with your credi Do not include any payment or transfer that y	itors o		or transfer any prope	rty to anyone who
	Yes. Fill in the details.				
	Person Who Was Paid Address		Description and value of any property transferred	Date payment or transfer was made	Amount of payment

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Case number (if known)

Debtor 1 JOSE MIGUEL RODRIGUEZ RODRIGUEZ

Debtor 1

 Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do no include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details. 								
	Person Who Received Transfer Address	Description and property transfer		paym	ribe any property or ents received or debts n exchange	Date transfer was made		
	Person's relationship to you							
19.	Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro ■ No □ Yes. Fill in the details.	d trust or similar device	e of which you are a					
	Yes. Fill in the details. Name of trust	Description and	value of the prope	orty trans	oforrod	Date Transfer was		
	Name of trust	Description and	value of the prope	erty trans	sierrea	made		
Par	t 8: List of Certain Financial Accounts, Ins	struments. Safe Denos	it Boxes, and Stor	age Unit	ts			
		-						
20.	Within 1 year before you filed for bankruptc sold, moved, or transferred? Include checking, savings, money market, chouses, pension funds, cooperatives, assoc ☐ No	or other financial accou	ınts; certificates o	of deposi		•		
	Yes. Fill in the details.							
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account instrument	it or	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer		
	COOPERATIVA A/C SAN BLAS P O BOX 319 Coamo, PR 00769	xxxx-8305	☐ Checking ☐ Savings ☐ Money Marke ☐ Brokerage ☐ Other	∍t	01/08/2018	\$434.70		
21.	Do you now have, or did you have within 1 y cash, or other valuables? No	year before you filed fo	or bankruptcy, any	safe de	posit box or other depo	sitory for securities,		
	Yes. Fill in the details.							
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had ac Address (Number, State and ZIP Code)		Describe	the contents	Do you still have it?		
22.	Have you stored property in a storage unit o	or place other than you	ır home within 1 y	ear befo	re you filed for bankrup	tcy?		
	■ No □ Yes. Fill in the details.							
	Name of Storage Facility	Who else has or	had access)escribe	the contents	Do you still		
	Address (Number, Street, City, State and ZIP Code)	to it?	to it? Address (Number, Street, City,			have it?		

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Document Page 39 of 60 Case number (if known)

Pai	t 9: Identify Property You Hold or Control for	Someone Else							
23.	Do you hold or control any property that someofor someone.	one else owns? Include any proper	rty you borrowed from, are storing fo	r, or hold in trust					
	■ No □ Yes. Fill in the details.								
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP	Describe the property	Value					
Pai	t 10: Give Details About Environmental Inform	Code)							
	the purpose of Part 10, the following definitions								
_	the purpose of Fart 10, the following definitions	арргу.							
	Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.								
	Site means any location, facility, or property as to own, operate, or utilize it, including disposal		law, whether you now own, operate,	or utilize it or used					
	Hazardous material means anything an environ hazardous material, pollutant, contaminant, or		s waste, hazardous substance, toxic	substance,					
Rep	ort all notices, releases, and proceedings that ye	ou know about, regardless of whe	n they occurred.						
24.	Has any governmental unit notified you that you	u may be liable or potentially liable	under or in violation of an environm	ental law?					
	■ No □ Yes. Fill in the details.								
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	Environmental law, if you know it	Date of notice					
25.	Have you notified any governmental unit of any	release of hazardous material?							
	■ No □ Yes. Fill in the details.								
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	Environmental law, if you know it	Date of notice					
26.	Have you been a party in any judicial or adminis	strative proceeding under any envi	ironmental law? Include settlements	and orders.					
	■ No □ Yes. Fill in the details.								
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case					
Pai	t 11: Give Details About Your Business or Con	nections to Any Business							
27.	Within 4 years before you filed for bankruptcy,	did you own a business or have ar	ny of the following connections to an	y business?					
	☐ A sole proprietor or self-employed in a	•		•					
☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)									
	☐ A partner in a partnership								
	☐ An officer, director, or managing execu	tive of a corporation							
	An owner of at least 5% of the veting or equity securities of a corneration								

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Debtor 1 Jose Miguel Rodriguez Rodriguez Page 40 of 60 Case number (if known)

No. None of the above applies.	Go to Part 12.	
☐ Yes. Check all that apply above a	and fill in the details below for each business.	
Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN.
(, , , , ,	Name of accountant of bookkeeper	Dates business existed
28. Within 2 years before you filed for bar institutions, creditors, or other parties		nnyone about your business? Include all financial
■ No □ Yes. Fill in the details below.		
Name Address (Number, Street, City, State and ZIP Code)	Date Issued	
Part 12: Sign Below		
are true and correct. I understand that mal		declare under penalty of perjury that the answers obtaining money or property by fraud in connection ars, or both.
JOSE MIGUEL RODRIGUEZ RODRIG Signature of Debtor 1	Signature of Debtor 2	
Date September 20, 2018	Date	
Did you attach additional pages to <i>Your St</i> ■ No □ Yes	tatement of Financial Affairs for Individuals Filin	ng for Bankruptcy (Official Form 107)?
_ , , , , , , , , , , , , , , , , , , ,	is not an attorney to help you fill out bankrupto	cy forms?
■ No □ Yes. Name of Person . Attach the B	Bankruptcy Petition Preparer's Notice, Declaration,	and Signature (Official Form 110)

Fill in this information to identify your case:						
Debtor 1	JOSE MIGUEL RODRIGUEZ RODRIGUEZ					
Debtor 2 (Spouse, if filing)						
United States Bankruptcy Court for the:		District of Puerto Rico				
Case number (if known)						

Check	as directed in lines 17 and 21:						
According to the calculations required by this Statement:							
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).						
	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).						
	3. The commitment period is 3 years.						
	4. The commitment period is 5 years.						

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

	()	,					
Pa	rt 1: Calculate Your Average Monthly Income						
1	What is your marital and filing status? Check one of	only.					
	■ Not married. Fill out Column A, lines 2-11.						
	☐ Married. Fill out both Columns A and B, lines 2-11						
	Fill in the average monthly income that you received from al 101(10A). For example, if you are filing on September 15, the 6-he 6 months, add the income for all 6 months and divide the totspouses own the same rental property, put the income from that	month peri al by 6. Fill	iod would in the re	be March 1 throusult. Do not include	igh August 31. If the and le any income amount	nount of your monthly income varie more than once. For example, if bo	ed during
					Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
2	Your gross wages, salary, tips, bonuses, overtime payroll deductions).	, and co	mmissio	ons (before all	\$ 3,146.78	\$	
3	Alimony and maintenance payments. Do not includ Column B is filled in.	e paymer	nts from	a spouse if	\$	\$	
4	All amounts from any source which are regularly p of you or your dependents, including child suppor from an unmarried partner, members of your househo and roommates. Do not include payments from a spor you listed on line 3.	\$0.00	\$				
5	Net income from operating a business, profession, or farm	Debtor	1				
	Gross receipts (before all deductions)	\$	0.00				
	Ordinary and necessary operating expenses	- \$	0.00				
	Net monthly income from a business, profession, or fa	arm \$	0.00	Copy here ->	\$ 0.00	\$	
6	Net income from rental and other real property	Debtor					
	Gross receipts (before all deductions)	\$	0.00				
	Ordinary and necessary operating expenses	- \$	0.00				
	Net monthly income from rental or other real property	\$	0.00	Copy here ->	\$ 0.00	\$	

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

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Debtor 1 JOSE MIGUEL RODRIGUEZ RODRIGUEZ

Case number (if known)

					Column A Debtor 1		Column B Debtor 2 or non-filing s		
7.	Intere	est, dividends, and royalties			\$	0.00	\$		
8.	Unem	ployment compensation			\$	0.00	\$		
		at enter the amount if you contend that the ar ocial Security Act. Instead, list it here:		efit under					
	For	you	\$ 0	0.00					
		your spouse							
	benefi	ion or retirement income. Do not include a it under the Social Security Act.			\$	0.00	\$		
10.	Do no receiv	ne from all other sources not listed above it include any benefits received under the So red as a victim of a war crime, a crime agains stic terrorism. If necessary, list other sources below.	cial Security Act or payments thumanity, or international transfer in the control of the control	ents al or					
					\$	0.00	\$		
					\$	0.00	\$		
		Total amounts from separate pages, if an	y.	+	\$	0.00	\$		
11.		late your total average monthly income. A column. Then add the total for Column A to t		\$	3,146.78	+ \$_		= \$3	3,146.78
] [average
Part	2:	Determine How to Measure Your Deduct	tions from Income					monti	hly income
12. 13.	Copy Calcu	your total average monthly income from late the marital adjustment. Check one:	line 11					\$3	3,146.78
	Y	ou are not married. Fill in 0 below.							
	□ Y	ou are married and your spouse is filing wit	h you. Fill in 0 below.						
	□ Y	ou are married and your spouse is not filing	with you.						
		Fill in the amount of the income listed in line dependents, such as payment of the spouse'							
		Below, specify the basis for excluding this incadjustments on a separate page.	come and the amount of in	come dev	voted to each	purpose	. If necessary,	list additio	nal
	II	f this adjustment does not apply, enter 0 belo	OW.	c					
				_ Φ \$		_			
				-		_			
		Total		- T	0.00) _{Co}	py here=>	_	0.00
							,		
14.	Your	r current monthly income. Subtract line 13	3 from line 12.					\$3	3,146.78
15.		culate your current monthly income for the						s 3	3,146.78
	ısa.							Ψ	
		Multiply line 15a by 12 (the number of mor	ntns in a year).					x 12	2
	15b.	The result is your current monthly income	for the year for this part of	the form.				\$37	7,761.36

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Debtor 1 JOSE MIGUEL RODRIGUEZ RODRIGUEZ

Case number (if known)

16	Calculate the median family income that applies to	VOIL Follow these stens:		
10	16a. Fill in the state in which you live.	PR		
	Toda: Till ill die oldie ill Willon you illo.			
	16b. Fill in the number of people in your household.	1		
17	16c. Fill in the median family income for your state and To find a list of applicable median income amount instructions for this form. This list may also be ava How do the lines compare?	s, go online using the link specified in th		24,455.00
17	•	On the term of many A of this faces wheels	hand Blancachte Sacras San	and all the second and a second as
	17a. Line 15b is less than or equal to line 16c. (11 U.S.C. § 1325(b)(3). Go to Part 3. Do N	NOT fill out Calculation of Your Disposal	ble Income (Official Form 1220	C-2).
	17b. Line 15b is more than line 16c. On the top 1325(b)(3). Go to Part 3 and fill out Calc your current monthly income from line 14 a	ulation of Your Disposable Income (C		
Par	3: Calculate Your Commitment Period Under 11	U.S.C. § 1325(b)(4)		
18.	Copy your total average monthly income from line	11.	\$	3,146.78
19.	Deduct the marital adjustment if it applies. If you are contend that calculating the commitment period under spouse's income, copy the amount from line 13.	e married, your spouse is not filing with y	you, and you	
	19a. If the marital adjustment does not apply, fill in 0 on	line 19a.	- \$	0.00
	19b. Subtract line 19a from line 18.		\$	3,146.78
20.	Calculate your current monthly income for the year	Follow these steps:		
	20a. Copy line 19b			3,146.78
	Multiply by 12 (the number of months in a year).			x 12
				X 12
	20b. The result is your current monthly income for the y	rear for this part of the form	\$	37,761.36
	20c. Copy the median family income for your state and	size of household from line 16c		24,455.00
	21. How do the lines compare?			
	Line 20b is less than line 20c. Unless otherw period is 3 years. Go to Part 4.	ise ordered by the court, on the top of pa	age 1 of this form, check box 3	3, The commitment
	Line 20b is more than or equal to line 20c. Un commitment period is 5 years. Go to Part 4.	nless otherwise ordered by the court, on	n the top of page 1 of this form	, check box 4, The
Par	4: Sign Below			
	By signing here, under penalty of perjury I declare that	the information on this statement and in	any attachments is true and o	correct.
,	/ /s/ JOSE MIGUEL RODRIGUEZ RODRIGUEZ			
-	JOSE MIGUEL RODRIGUEZ RODRIGUEZ			
	Signature of Debtor 1			
	Date September 20, 2018 MM / DD / YYYY			
	If you checked 17a, do NOT fill out or file Form 122C-2			
	If you checked 17b, fill out Form 122C-2 and file it with	this form. On line 39 of that form, copy y	your current monthly income fr	om line 14 above.

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Fill in	n this information to identify your case:	
Debto	or 1 JOSE MIGUEL RODRIGUEZ RODRIGUEZ	
Debto	or 2	
(Spou	use, if filing)	
United	d States Bankruptcy Court for the: District of Puerto Rico	
Case (if kno	number Check if this is an amended	filing
Officia	al Form 122C-2	
	apter 13 Calculation of Your Disposable Income	04/16
Comm Be as space	out this form, you will need your completed copy of Chapter 13 Statement of Your Current Monthly Income and Calculation itment Period (Official Form 122C-1). complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate is needed, attach a separate sheet to this form, Include the line number to which additional information applies. On the to onal pages, write your name and case number (if known).	ate. If more
Part 1		
the	e Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to e questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this formation may also be available at the bankruptcy clerk's office.	
exp	educt the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of yo penses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 2C-1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 122C-1.	
If yo	our expenses differ from month to month, enter the average expense.	
Not	ote: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cas	es.
5.	The number of people used in determining your deductions from income	
	Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.	
Nat	You must use the IRS National Standards to answer the questions in lines 6-7.	
6.	Food, clothing, and other items: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.	647.00
7.	Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categoriespeople who are under 65 and people who are 65 or olderbecause older people have a higher IRS allowance for health car costs. If your actual expenses are	

higher than this IRS amount, you may deduct the additional amount on line 22.

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Debtor 1 JOSE MIGUEL RODRIGUEZ RODRIGUEZ Case number (if known)

Peo	ple v	who are under 65 years of age								
	7a.	Out-of-pocket health care allowance per person	\$_	52						
	7b.	Number of people who are under 65	Χ_	1						
	7c.	Subtotal. Multiply line 7a by line 7b.	\$_	52.00		Copy here=>	\$	52.0	0_	
Peo	ple v	who are 65 years of age or older								
	7d.	Out-of-pocket health care allowance per person	\$	114						
	7e.	Number of people who are 65 or older	X	0						
	7f.	Subtotal. Multiply line 7d by line 7e.	\$_	0.00		Copy here=>	\$	0.0	0_	
	7g.	Total. Add line 7c and line 7f			\$	52.00		Copy total her	e=>	\$52.00_
Loca	al St	andards You must use the IRS Local Standards to	o ans	wer the question	ons in lin	es 8-15.				
		n information from the IRS, the U.S. Trustee Proc tcy purposes into two parts:	jram	has divided th	ne IRS L	ocal Standard	for l	housing for		
■ ⊢	lous	ing and utilities - Insurance and operating expen	ses							
■ F	lous	ing and utilities - Mortgage or rent expenses								
	arate Hou	rer the questions in lines 8-9, use the U.S. Truster e instructions for this form. This chart may also b using and utilities - Insurance and operating expe- ne dollar amount listed for your county for insurance	e ava	ailable at the bailable at the base. Using the nu	ankrup mber of	tcy clerk's offic	e.	J	ık sı \$	pecified in the
9.		using and utilities - Mortgage or rent expenses:	2110	poraumy exper	1000.				_	
	9a.	Using the number of people you entered in line 5, f listed for your county for mortgage or rent expense		he dollar amou	ınt		\$	454.0	0	
	9b.	Total average monthly payment for all mortgages a	nd ot	ther debts secu	red by y	our home.				
		To calculate the total average monthly payment, accontractually due to each secured creditor in the 60 for bankruptcy. Next divide by 60.								
		Name of the creditor		Average mor	nthly					
		-NONE-		\$						
						0				5
		9b. Total average monthly paymer	ıt	\$	0.00	Copy here=> -	.	0.0		Repeat this amount on line 33a.
	9c.	Net mortgage or rent expense.								
		Subtract line 9b (total average monthly payment) fror rent expense). If this number is less than \$0, ent			<i>je</i>	\$	45	64.00 Cop	oy e=>	\$ 454.00
10.		ou claim that the U.S. Trustee Program's division ects the calculation of your monthly expenses, fill					inc	orrect and		\$
	Ex	plain why:								

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btor 1 JOSE MIGUEL RODRIGUEZ RODRIGUEZ Case number (if known)

11.	Local transportation expenses: Check the number of vehic	cles for which you claim a	an ownership or or	perating e	expense.	
	☐ 0. Go to line 14.					
	☐ 1. Go to line 12.					
	■ 2 or more. Go to line 12.					
12.	Vehicle operation expense: Using the IRS Local Standards operating expenses, fill in the <i>Operating Costs</i> that apply for				\$	460.00
13.	Vehicle ownership or lease expense: Using the IRS Local You may not claim the expense if you do not make any loan more than two vehicles.					
Ve	hicle 1 Describe Vehicle 1:					
13a.	Ownership or leasing costs using IRS Local Standard		\$	0.00		
13b.	Average monthly payment for all debts secured by Vehicle 1.					
	Do not include costs for leased vehicles.					
	To calculate the average monthly payment here and on line are contractually due to each secured creditor in the 60 mont bankruptcy. Then divide by 60.		t			
	Name of each creditor for Vehicle 1	Average monthly payment				
	-NONE-	\$				
	Total Average Monthly Payment	\$0.00	Copy here => -\$	0.0	inte oob.	
13c.	Net Vehicle 1 ownership or lease expense Subtract line 13b from line 13a. if this number is less than \$0	, enter \$0		0.00	Copy net Vehicle 1 expense here => \$ _	0.00
Ve	hicle 2 Describe Vehicle 2:					
13d	Ownership or leasing costs using IRS Local Standard		\$	0.00		
13e.	Average monthly payment for all debts secured by Vehicle 2 leased vehicles.	. Do not include costs for				
	Name of each creditor for Vehicle 2	Average monthly payment				
	-NONE-	\$				
	Total average monthly payment	\$0.00	Copy here => -\$	0.00	Repeat this amount on line 33c.	
13f.	Net Vehicle 2 ownership or lease expense				Copy net	
	Subtract line 13e from line 13d. if this number is less than \$0	, enter \$0		0.00	Vehicle 2 expense here => \$ _	0.00
14.	Public transportation expense: If you claimed 0 vehicles Public Transportation expense allowance regardless of vehicles			ls, fill in t	the \$	0.00
15.	Additional public transportation expense: If you claimed also deduct a public transportation expense, you may fill in word claim more than the IRS Local Standard for <i>Public Trans</i>	hat you believe is the ap				0.00

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Debtor 1 JOSE MIGUEL RODRIGUEZ RODRIGUEZ

Case number (if known)

	er Necessary Expenses	the following IRS categor		s listed above	, you are allowed your monthly expenses	s tor	
16.	self-employment taxes, so	cial security taxes, and Mo However, if you expect to r from the total monthly amo	edicare taxes eceive a tax	s. You may ind refund, you m	nd local taxes, such as income taxes, clude the monthly amount withheld from nust divide the expected refund by 12 for taxes.	\$	196.29
17.	Involuntary deductions: contributions, union dues,		deductions th	nat your job re	quires, such as retirement		
	Do not include amounts th	at are not required by you	r job, such a	s voluntary 40	11(k) contributions or payroll savings.	\$	299.61
18.	filing together, include pay	ments that you make for y for life insurance on your o	our spouse's	s term life insu	e insurance. If two married people are irance. I spouse's life insurance, or for any form	\$_	29.66
19.	Court-ordered payments administrative agency, such Do not include payments of	ch as spousal or child supp	port paymen	ts.	by the order of a court or You will list these obligations in line 35.	\$	0.00
20.	Education: The total mon as a condition for your	, , , ,	or education	that is either	required:		
	for your physically or m	entally challenged depend	dent child if r	no public educ	ation is available for similar services.	\$	0.00
21.	Childcare: The total mont Do not include payments f			•	sitting, daycare, nursery, and preschool.	\$	0.00
22.		olth and welfare of you or you. nt. Include only the amour	our dependent that is mor	ents and that is e than the tota		\$	198.00
23.	for you and your depende phone service, to the exte income, if it is not reimbur	nts, such as pagers, call w nt necessary for your heal sed by your employer.	aiting, caller th and welfar	identification, re or that of yo	you pay for telecommunication services special long distance, or business cell our dependents or for the production of		
					rvice. Do not include self-employment tount you previously deducted.	+\$_	0.00
24.	expenses, such as those in Add all of the expenses	reported on line 5 of Officia	al Form 1220	C-1, or any am		+ \$ \$	2,765.56
	expenses, such as those i	allowed under the IRS example. These are addition	al Form 1220 xpense allov al deductions	c-1, or any am wances. s allowed by the	ount you previously deducted.		
Add	Add all of the expenses Add lines 6 through 23. litional Expense Deduction Health insurance, disabi	allowed under the IRS example. These are addition Note: Do not including insurance, and health	al Form 1220 xpense allov al deductions de any expen h savings a	c-1, or any am wances. s allowed by the ise allowances ccount expen	nount you previously deducted.	\$	
Add	Add all of the expenses Add lines 6 through 23. litional Expense Deduction Health insurance, disabilinsurance, disability insurance	allowed under the IRS example. These are addition Note: Do not including insurance, and health	al Form 1220 xpense allov al deductions de any expen h savings a	c-1, or any am wances. s allowed by the ise allowances ccount expen	ne Means Test. s listed in lines 6-24.	\$	
Add	Add all of the expenses Add lines 6 through 23. litional Expense Deduction Health insurance, disability insurance, your dependents.	allowed under the IRS example. These are addition Note: Do not including insurance, and health	al Form 1220 Expense allow al deductions de any expen h savings accounts that	vances. s allowed by the seallowances allowances ccount expendare reasonab	ne Means Test. s listed in lines 6-24.	\$	
Add	Add all of the expenses Add lines 6 through 23. litional Expense Deduction Health insurance, disability insurance, disability insurance, dependents. Health insurance	allowed under the IRS example. These are addition Note: Do not including insurance, and health	al Form 1220 Expense allow al deductions de any expen h savings accounts that	vances. s allowed by the se allowances ccount expender reasonab	ne Means Test. s listed in lines 6-24.	\$	
Add	Add all of the expenses Add lines 6 through 23. Iitional Expense Deduction Health insurance, disability insurance, disability insurance, disability insurance, disability insurance, disability insurance. Disability insurance	allowed under the IRS example. These are addition Note: Do not including insurance, and health	al Form 1220 Expense allow al deductions de any expense h savings accounts that \$	vances. s allowed by the seallowances allowances ccount expension are reasonab 89.40 0.00	ne Means Test. s listed in lines 6-24.	\$	
Add	Add all of the expenses Add lines 6 through 23. Iitional Expense Deduction Health insurance, disability insurance, disability insurance Disability insurance Disability insurance Health savings account Total Do you actually spend this	reported on line 5 of Official allowed under the IRS examples. These are addition Note: Do not include lity insurance, and health ance, and health savings a	al Form 1220 Expense allow al deductions de any expense h savings accounts that \$ + \$	vances. s allowed by the seal allowances are reasonab 89.40 0.00 0.00	ne Means Test. Is listed in lines 6-24. Inses. The monthly expenses for health only necessary for yourself, your spouse, or	\$ \$	2,765.56
Add	Add all of the expenses Add lines 6 through 23. Iitional Expense Deduction Health insurance, disability insurance, disability insurance Disability insurance Disability insurance Health savings account Total Do you actually spend this	reported on line 5 of Official allowed under the IRS examples. These are addition Note: Do not include lity insurance, and health ance, and health savings a stotal amount?	al Form 1220 Expense allow al deductions de any expense h savings accounts that \$ + \$	vances. s allowed by the seal allowances are reasonab 89.40 0.00 0.00	ne Means Test. Is listed in lines 6-24. Inses. The monthly expenses for health only necessary for yourself, your spouse, or	\$ \$	2,765.56
Add 25.	Add all of the expenses Add lines 6 through 23. Iitional Expense Deduction Health insurance, disability insurance, disability insurance Disability insurance Disability insurance Health savings account Total Do you actually spend this No. How much do Yes Continued contributions continue to pay for the rea	reported on line 5 of Official allowed under the IRS examples. These are addition Note: Do not include lity insurance, and health ance, and health savings a stotal amount? you actually spend? to the care of household isonable and necessary care of your immediate family	al Form 1220 Expense allow al deductions de any expense h savings are accounts that \$ \$ # \$ d or family reare and supper who is unable	wances. s allowed by the seal allowances are reasonabeed are reasonable are reas	count you previously deducted. The Means Test. Is listed in lines 6-24. Inses. The monthly expenses for health only necessary for yourself, your spouse, of the country o	\$ \$	2,765.56
25.	Add all of the expenses Add lines 6 through 23. Iitional Expense Deduction Health insurance, disability insurance, disability insurance Disability insurance Disability insurance Health savings account Total Do you actually spend this No. How much do Yes Continued contributions continue to pay for the reayour household or member include contributions to an Protection against family	allowed under the IRS exams These are addition Note: Do not include lity insurance, and health ance, and health savings a stotal amount? you actually spend? to the care of househol isonable and necessary car of your immediate family account of a qualified AB y violence. The reasonable	al Form 1220 Expense allow al deductions de any expense h savings accounts that \$ + \$ d or family reare and support who is unable to program. By necessary	xances. s allowed by the se allowances ccount expensare reasonab 89.40 0.00 0.00 89.40 members. The ort of an elder ole to pay for separate t	count you previously deducted. The Means Test. Is listed in lines 6-24. Inses. The monthly expenses for health only necessary for yourself, your spouse, of the country o	\$s	2,765.56 89.40

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Case number (if known)

JOSE MIGUEL RODRIGUEZ RODRIGUEZ

Debtor 1

	SISTEMA DE RETIRO	RETIREMENT	_	Yes No Yes No Yes		\$ \$ +\$	
	SISTEMA DE RETIRO	KETIKEMENT		No Yes		· —	
	SISTEMA DE RETIRO	KETIKEMENT		No		· —	
	SISTEMA DE RETIRO	KETIKEMENT	_			\$	
	SISTEMA DE RETIRO	KETIKEMENT		Yes		\$	
						_	427.78
				No			
				nsurance			
Nam	e of each creditor for other secured debt	Identify property that secures the debt		es payme			
33d.	List other secured debts:						
33c.					=>	\$	0.00
33b.	Copy line 13b here				=>	\$	0.00
	Loans on your first two vehicles						
33a.	Copy line 9b here				=>	\$	0.00
	Mortgages on your home					Avera	ge monthly ent
	o calculate the total average monthly paym reditor in the 60 months after you file for ba	ent, add all amounts that are contractually due to eac nkruptcy. Then divide by 60.	n secure	∍a			
le	pans, and other secured debt, fill in lines	33a through 33e.					
	·	in property that you own, including home mortgag	ges, vel	nicle			
	actions for Debt Payment						
	Add all of the additional expense deduc Add lines 25 through 31.	tions.				\$	89.40
	Do not include any amount more than 15%	of your gross monthly income.				\$_	0.00
	Continuing charitable contributions. The instruments to a religious or charitable orga	e amount that you will continue to contribute in the form anization. 11 U.S.C. § 548(d)(3) and (4).	m of cas	h or fina	ncial		
	You must show that the additional amount	claimed is reasonable and necessary.				\$_	0.00
		ional allowance, go online using the link specified in t so be available at the bankruptcy clerk's office.	he sepa	rate			
		the monthly amount by which your actual food and clo g allowances in the IRS National Standards. That amo es in the IRS National Standards.					
	* Subject to adjustment on 4/01/19, and even	ery 3 years after that for cases begun on or after the c	date of a	djustme	nt.	\$_	0.00
	You must give your case trustee document claimed is reasonable and necessary and r	ation of your actual expenses, and you must explain voot already accounted for in lines 6-23.	why the	amount			<u>.</u>
		dren who are younger than 18. The monthly expense ependent children who are younger than 18 years old					
	You must give your case trustee document amount claimed is reasonable and necessa	ation of your actual expenses, and you must show tha	at the ad	ditional		\$_	0.00
	If you believe that you have home energy on the fill in the excess amount of home end of the fill in the excess amount of home end of the fill in the excess amount of home end of the fill in the excess amount of home end of the fill in the excess amount of home end of the fill in the excess amount of home end of the fill in the excess amount of home end of the fill in the excess amount of home end of the fill in the excess amount of home end of the fill in the excess amount of home end of the fill in the excess amount of home end of the fill in the excess amount of home end of the fill in the excess amount of home end of the fill in the excess amount of home end of the fill in the excess amount of home end of the fill in the excess amount of home end of the fill in the excess amount of home end of the fill in the excess amount of home end of the fill in the excess amount of home end of the fill in the excess amount of t	costs that are more than the home energy costs include nergy costs	led in ex	penses	on line)	
	Additional home energy costs. Your hom line 8.	ne energy costs are included in your insurance and op	erating	expense	es on		

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Debtor 1 JOSE MIGUEL RODRIGUEZ RODRIGUEZ

Case number (if known)

	property necessary for yo	ar support or the supp	on on your de	ependents?					
	Go to line 35.								
☐ Yes.	State any amount that you listed in line 33, to keep po Next, divide by 60 and fill it	ssession of your propert							
Name of the	creditor	Identify property that s	ecures the deb	t	Tota	al cure amount		Monthly o	cure
-NONE-				\$	-		÷ 60 = \$		
							Сору		
				Total	\$_	0.00	total here=:	> \$	0.00
	owe any priority claims - s due as of the filing date o				at				
☐ No.	Go to line 36.								
■ Yes.	Fill in the total amount of a ongoing priority claims, such			e current or					
	Total amount of all past-d	lue priority claims			\$_	2,607.54	÷ 60	\$	43.46
36. Projecte	ed monthly Chapter 13 plar	n payment			\$_	200.00			
Office of the Exec To find a I	multiplier for your district as a the United States Courts (for united States is of district multipliers that inclusions for this form. This lis	or districts in Alabama an s Trustees (for all other of udes your district, go online of	d North Caroli districts). using the link sp	na) or by	x _	8.30			
·	monthly administrative expe	·	, ,		\$	16.60	Copy tota here=>	al \$	16.60
	of the deductions for deb es 33e through 36.	t payment.						\$	487.84
Total Deduc	ctions from Income								
38. Add all (of the allowed deductions.								
	ne 24, All of the expenses al	lowed under IRS	\$	2,765.56	_				
	e allowances								
expens	e allowances ne 32, All of the additional ex		\$	89.40	_				
expens Copy lin		xpense deductions	\$ +\$	89.40 487.84	-				

Copy your total current monthly income from line 14 of Form 12 Statement of Your Current Monthly Income and Calculation of C			d.		\$	3,146.78
Fill in any reasonably necessary income you receive for suppor children. The monthly average of any child support payments, foste disability payments for a dependent child, reported in Part I of Form received in accordance with applicable nonbankruptcy law to the ext necessary to be expended for such child.	er ca 1220	re payments, or C-1, that you		\$	0.00	
. Fill in all qualified retirement deductions. The monthly total of all a employer withheld from wages as contributions for qualified retireme in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from respecified in 11 U.S.C. § 362(b)(19).	ent p	lans, as specifie	d	\$	0.00	
. Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Co. Deduction for special circumstances. If special circumstances just expenses and you have no reasonable alternative, describe the specitheir expenses. You must give your case trustee a detailed explanatic circumstances and documentation for the expenses.	stify a	additional circumstances a		\$3,34	2.80	
escribe the special circumstances		Amount of exp	ens	se		
	_ \$			_		
	— \$	·				
	= \$	0.00	- 1	Copy here=> \$	0.00	
Total			_		7	
Total State 1. Total adjustments. Add lines 40 through 43.		=>	\$_	3,342.80	Copy here=> -\$	3,342.8

wages increased, fill in when the increase occurred, and fill in the amount of the increase.

Form	Line	Reason for change	Date of change	Increase or decrease?	Amount of change
☐ 122C-1				☐ Increase	
☐ 122C-2				☐ Decrease	\$
☐ 122C-1				☐ Increase	
☐ 122C-2				☐ Decrease	\$
☐ 122C-1				☐ Increase	
☐ 122C-2				☐ Decrease	\$
☐ 122C-1				☐ Increase	
☐ 122C-2				☐ Decrease	\$

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Debtor 1 JOSE MIGUEL RODRIGUEZ RODRIGUEZ

Case number (if known)

- CIII 47 - 3	Part 4:	S
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Sign Below

By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.

X /s/ JOSE MIGUEL RODRIGUEZ RODRIGUEZ

JOSE MIGUEL RODRIGUEZ RODRIGUEZ

Signature of Debtor 1

Date September 20, 2018

MM / DD / YYYY

Case number (if known)

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 03/01/2018 to 08/31/2018.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **DEPARTAMENTO DE EDUCACION**

Income by Month:

6 Months Ago:	03/2018	\$3,015.00
5 Months Ago:	04/2018	\$3,015.00
4 Months Ago:	05/2018	\$3,015.00
3 Months Ago:	06/2018	\$3,015.00
2 Months Ago:	07/2018	\$3,087.02
Last Month:	08/2018	\$3,140.00
	Average per month:	\$3,047.84

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: UPR - PONCE

Income by Month:

6 Months Ago:	03/2018	\$0.00
5 Months Ago:	04/2018	\$593.66
4 Months Ago:	05/2018	\$0.00
3 Months Ago:	06/2018	\$0.00
2 Months Ago:	07/2018	\$0.00
Last Month:	08/2018	\$0.00
	Average per month:	\$98.94

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_form

s.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case:18-05447-EAG13 Doc#:1 Filed:09/20/18 Entered:09/20/18 09:55:36 Desc: Main Document Page 57 of 60

B2030 (Form 2030) (12/15)

United States Bankruptcy Court District of Puerto Rico

In re	JOSE MIGUEL RODRIGUEZ RODRIGUEZ		Case N	0.	
		Debtor(s)	Chapte	13	
	DISCLOSURE OF COMPENS.	ATION OF ATTO	RNEY FOR	DEBTOR(S)	
	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), compensation paid to me within one year before the filing of be rendered on behalf of the debtor(s) in contemplation of or	f the petition in bankruptcy	, or agreed to be p	aid to me, for services ren	ndered or to
	For legal services, I have agreed to accept		\$	3,000.00	
	Prior to the filing of this statement I have received		\$	200.00	
	Balance Due			2,800.00	
	The source of the compensation paid to me was: ■ Debtor □ Other (specify): The source of compensation to be paid to me is: ■ Debtor □ Other (specify):				
4.	■ I have not agreed to share the above-disclosed compensa	ation with any other person	unless they are m	embers and associates of	my law firm.
	☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the names In return for the above-disclosed fee, I have agreed to rende a. Analysis of the debtor's financial situation, and rendering b. Preparation and filing of any petition, schedules, stateme c. Representation of the debtor at the meeting of creditors a d. [Other provisions as needed] Representation by members of the firm Buf Méndez Colberg and Yasmin Colón Colón a secured creditors to reduce to market value agreements and applications as needed; pr avoidance of liens on household goods. By agreement with the debtor(s), the above-disclosed fee do Representation of the debtors in any discha avoidances, relief from stay actions, post c post confirmation amendments to schedule appearances, conversions to Chapter 7 or 6	n with a person or persons of the people sharing in the or legal service for all aspect gadvice to the debtor in detent of affairs and plan which and confirmation hearing, a fete Emmanuelli, CSP: and associate of the firms; exemption planning; reparation and filing of the services of the following argeability actions, craims of the confirmation modifications, post confirmation portion of the confirmation of	who are not member compensation is a compensation is at soft the bankrupton and any adjourned and ad	ers or associates of my la attached. y case, including: to file a petition in bankruearings thereof; nuelli Jiménez, Jessic z Cintrón. Negotiation di filing of reaffirmation int to 11 USC 522(f)(2) rsary proceedings, justiconfirmation motions and, post confirmation	uptcy; ca E. ons with on)(A) for Idicial lien to dismiss,
		CERTIFICATION	_		
	I certify that the foregoing is a complete statement of any agoankruptcy proceeding.	reement or arrangement fo	r payment to me fo	or representation of the de	ebtor(s) in
	September 20, 2018 Date	Isl YASMIN COLO YASMIN COLON Signature of Attorn BUFETE EMMAN PO BOX 10779 PONCE, PR 0073 787-848-0666 Fa notificaciones@ Name of law firm	COLON 230814 ey IUELLI, C.S.P. s2 ax: 1-866-880-71	45	_

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United States Bankruptcy Court District of Puerto Rico

		District of Puerto Rico		
In re	JOSE MIGUEL RODRIGUEZ RODRIG	GUEZ	Case No.	
		Debtor(s)	Chapter	13
VERIFICATION OF CREDITOR MATRIX				
The above-named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.				
Date:	September 20, 2018	/s/ JOSE MIGUEL RODRIGUEZ		

Signature of Debtor

ASOCIACION DE EMPLEADOS DE AEELA P O BOX 364508 SAN JUAN PR 00936-4508

DEPARTAMENTO DE HACIENDA BANKRUPTCY SECTION P O BOX 9024140 SAN JUAN PR 00902-4140

DISCOVER FINANCIAL PO BOX 15316 WILMINGTON DE 19850-5316

ISLAND FINANCE P O BOX 362589 SAN JUAN PR 00936-2589

LIBERTY CABLEVISION PO BOX 71496 SAN JUAN PR 00936-8596

MONEY EXPRESS
P O BOX 11890
SAN JUAN PR 00922-1890

NELNET P O BOX 2877 OMAHA NE 68103-2877

PR TELEPHONE CO PO BOX 70367 SAN JUAN PR 00936-8367

SAM'S CLUB MC/SYNCB P O BOX 960013 ORLANDO FL 32896-0013

SEARS CREDIT CARDS PO BOX 9001055 LOUISVILLE KY 40290-1055

SISTEMA DE RETIRO P O BOX 42003 SAN JUAN PR 00940-2003 SYNCHRONY BANK / BERRIOS PO BOX 960061 ORLANDO FL 32896-0061

SYNCHRONY BANK/JCP P O BOX 960090 ORLANDO FL 32896-0090

T MOBILE P O BOX 660252 DALLAS TX 75266-0252